

PLACE OF BIRTH

1. County of Chino
 District of Payson
 Town of _____
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 230
 County Registrar No. 27
 Local Registrar No. 249

2. Full name of child Edward Lee Steinke (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 No. _____ St. _____ Ward _____
 If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth 2nd 6. Legitimate? yes 7. Date of birth Jan 31 1928
 Month Day Year

8. FATHER
 Full name Alfred Allen Steinke

9. Residence (Usual place of abode) Payson ariz
 If nonresident, give place and state

10. Color or race White 11. Age at last birthday 31 (Years)

12. Birthplace (city or place) Cannablis
 (State or country) Idaho

13. Occupation
 Nature of industry Farmer

14. MOTHER
 Full maiden name Ollie Lee Hought

15. Residence (Usual place of abode) Payson ariz
 If nonresident, give place and state

16. Color or race White 17. Age at last birthday 22 (Years)

18. Birthplace (city or place) Ariz
 (State or country)

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 2
 (Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0
 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 a. m. on the date above stated.
 (Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. H. Kising M.D.
 Address Payson ariz (Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year.

Filed Feb 6, 1928 Jay J. Vann
 Local Registrar
 Filed 2/9, 1928 E. E. Wythe
 County Registrar

Registrar.

525-131-683